

## Monthly Insurance Premiums (July 1, 2021 - June 30, 2022) for Part-time Employees working 32 hours per week

UHC - Choice	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$777.77	\$497.77	\$280.00	\$140.00
Employee + Spouse	\$1,734.40	\$1,110.02	\$624.38	\$312.19
Employee + Child(ren)	\$1,454.40	\$930.82	\$523.58	\$261.79
Family	\$2,278.83	\$1,458.45	\$820.38	\$410.19

UHC - Choice Plus	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$810.99	\$497.77	\$313.22	\$156.61
Employee + Spouse	\$1,808.51	\$1,110.02	\$698.49	\$349.25
Employee + Child(ren)	\$1,516.55	\$930.82	\$585.73	\$292.87
Family	\$2,376.18	\$1,458.45	\$917.73	\$458.86

		<b>City Monthly</b>	<b>Employee Monthly</b>	Employee Per Pay
UHC - HSAChoice	<b>Monthly Premium</b>	Payment	Payment	Period
Employee Only	\$564.34	\$564.34	\$0.00	\$0.00
Employee + Spouse	\$1,258.47	\$1,258.47	\$0.00	\$0.00
Employee + Child(ren)	\$1,055.31	\$1,055.31	\$0.00	\$0.00
Family	\$1,653.50	\$1,653.50	\$0.00	\$0.00

		City Monthly	<b>Employee Monthly</b>	Employee Per Pay
<b>UHC - Dental Low</b>	<b>Monthly Premium</b>	Payment	Payment	Period
Employee Only	\$23.54	\$15.07	\$8.47	\$4.24
Employee + Spouse	\$47.02	\$30.09	\$16.93	\$8.46
Employee + Child(ren)	\$47.02	\$30.09	\$16.93	\$8.46
Family	\$89.07	\$57.00	\$32.07	\$16.03

UHC - Dental High	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$40.72	\$15.07	\$25.65	\$12.83
Employee + Spouse	\$80.33	\$30.09	\$50.24	\$25.12
Employee + Child(ren)	\$80.33	\$30.09	\$50.24	\$25.12
Family	\$142.54	\$57.00	\$85.54	\$42.77

		City Monthly	<b>Employee Monthly</b>	Employee Per Pay
<b>Ameritas Vision</b>	<b>Monthly Premium</b>	Payment	Payment	Period
Employee Only	\$6.32	\$4.04	\$2.28	\$1.14
Employee + Spouse	\$14.48	\$9.27	\$5.21	\$2.61
Employee + Child(ren)	\$12.36	\$7.91	\$4.45	\$2.22
Family	\$20.52	\$13.13	\$7.39	\$3.69